

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF CALIFORNIA

Case number (if known)

Chapter

11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **International Longshore and Warehouse Union**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

DBA ILWU

3. Debtor's federal Employer Identification Number (EIN) **94-0577594**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**1188 Franklin Street, 4th Floor
San Francisco, CA 94109**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

San Francisco

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) **www.ilwu.org**

6. Type of debtor

☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☒ Other. Specify: **Labor Organization**

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8139**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

Debtor International Longshore and Warehouse Union Case number (if known) _____
Name

List all cases. If more than 1,
attach a separate list

Debtor _____ Relationship _____
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor International Longshore and Warehouse Union
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING – Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 30, 2023
MM / DD / YYYY

x William E. Adams
Signature of authorized representative of debtor

William E. Adams
Printed name

Title President

18. Signature of attorney

X

[Signature]
Signature of attorney for debtor

Date September 30, 2023
MM / DD / YYYY

Jason H. Rosell
Printed name

Pachulski Stang Ziehl & Jones LLP
Firm name

One Sansome Street, Suite 3430
San Francisco, CA 94104
Number, Street, City, State & ZIP Code

Contact phone 415-263-7000

Email address jrosell@pszjlaw.com

269126 CA
Bar number and State

**RESOLUTIONS OF THE INTERNATIONAL EXECUTIVE BOARD OF THE
INTERNATIONAL LONGSHORE AND WAREHOUSE UNION**

The members of the International Executive Board of the International Longshore and Warehouse Union (the “ILWU”), a California labor organization, hereby adopt the following resolutions, as the action of the International Executive Board of the ILWU.

WHEREAS, the International Executive Board has considered the financial and operational aspects of the ILWU’s business;

WHEREAS, the International Executive Board has reviewed the historical performance of the ILWU, the market for the ILWU’s services, and the current and long-term liabilities of the ILWU;

WHEREAS, the International Executive Board has reviewed, considered, and received the recommendations of the ILWU’s Titled Officers, Trustees, senior management, and the ILWU’s professionals and advisors as to the filing of chapter 11 bankruptcy proceedings;

NOW, THEREFORE, IT IS RESOLVED that, in the judgment of the International Executive Board, it is desirable and in the best interests of the ILWU, its creditors, and other interested parties, that a voluntary petition be filed by the ILWU under the provisions of subchapter V of chapter 11 of Title 11 of the United States Code (the “Bankruptcy Code”);

IT IS FURTHER RESOLVED that the Titled Officers and, in particular, William E. Adams, President of the ILWU, in his own discretion, be, and hereby is, authorized to execute and file on behalf of the ILWU all petitions, schedules, lists, and other papers or documents and to take any and all action which he deems necessary or proper to obtain such relief, including, but not limited to, retaining general bankruptcy counsel, a financial advisor, and any other professionals required to assist the ILWU in carrying out its duties under the Bankruptcy Code;

IT IS FURTHER RESOLVED that the Titled Officers and, in particular, William E. Adams, President of the ILWU, in his own discretion be, and hereby is, authorized and empowered to take or cause to be taken any and all such other and further action, and to execute, acknowledge, deliver and file any and all such instruments as it, in its discretion, may deem necessary or advisable in order to carry out the purpose and intent of the foregoing resolutions;

IT IS FURTHER RESOLVED that all of the acts and transactions relating to matters contemplated by the foregoing resolutions of the International Executive Board of the ILWU, in the name and on behalf of the ILWU, which acts would have been approved by the foregoing resolutions except that such acts were taken prior to the execution of these resolutions, are hereby in all respects confirmed, approved and ratified.

CERTIFICATE AND ACKNOWLEDGEMENT

The undersigned, William E. Adams, the International President and a member of the International Executive Board of Directors (the “Executive Board”) of the International Longshore and Warehouse Union (the “ILWU”), a California labor organization, hereby certifies as follows:

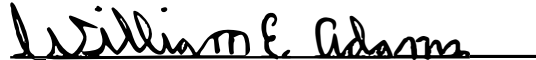
1. I am the President of the ILWU and a duly qualified member of the International Executive Board and, as such, I am familiar with the facts herein certified and I am duly authorized to certify same on behalf of the ILWU.

2. Attached hereto is a true, complete, and correct copy of the resolutions of the International Executive Board, duly adopted at a properly convened meeting of the International Executive Board on August 17, 2023, by unanimous vote of the members there present.

3. Such resolutions have not been amended, altered, annulled, rescinded, or revoked and are in full force and effect as of the date hereof. There exist no other resolutions of the International Executive Board relating to the matters set forth in the resolutions attached hereto.

The undersigned, William E. Adams, in his capacity as President of the ILWU, further acknowledges and recognizes the International Executives Board’s authority to approve the commencement of a bankruptcy case by the ILWU pursuant to its Constitution. Moreover, in his capacity as President of the ILWU, he concurs with the International Executive Board’s authority and decision to approve the commencement of a bankruptcy case by the ILWU.

IN WITNESS WHEREOF, the undersigned has executed this certificate and
acknowledgement as of September 30, 2023.


Name: William E. Adams
Title: President and Member of the
International Executive Board

ILWU

Balance Sheet (\$000s)

Aug-23

Assets

Current Assets

Cash and Cash Equivalents	\$	9,530
Certificates of Deposit		531
Accounts Receivable		1,112
Prepaid Expenses		120
Supplies Inventory		259

Total Current Assets **11,552**

Furniture and Equipment, net		45
Deposits		37

Total Assets **\$ 11,634**

Liabilities and Net Assets

Current Liabilities

Accounts Payable and Accrued Expenses	\$	71
Accrued Vacation and Sick Payable		233

Total Current Liabilities **304**

Litigation Contingency		704
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Total Liabilities **1,008**

Total Net Assets **10,626**

Total Liabilities and Net Assets **\$ 11,634**

ILWU**Statement of Operations**
(\$000s)

	Aug-23	YTD Aug-23
Revenue		
Per Capita Assessments		
Administration	\$ 760	\$ 6,045
Dispatcher per Capita	-	59
Total Per Capita	760	6,103
Dispatcher Subscription and Over-Circulation	0	14
In-Kind Rent Donation	-	67
Interest Income	1	9
Book and Video Income	-	4
Royalty Income	2	9
Legacy Fund	-	1
Other Income	-	21
Total Revenue	763	6,228
Expenses		
Budgeted Expenses		
Program Services:		
Dispatcher	(25)	(345)
Research and Education	(37)	(349)
Organizing and Field Services	(241)	(1,840)
Washington Office	(19)	(183)
Education	(17)	(213)
Convention	(9)	(22)
Public Relations	(27)	(126)
Total Program Services	(375)	(3,077)
Supporting Services:		-
Administration	(297)	(2,434)
Total Budgeted Expenses	(672)	(5,511)
Non-Budgeted Expenses	(2)	(33)
Total Expenses	(674)	(5,544)
Change in Net Assets	\$ 90	\$ 683

ILWU**Cash Flow Statement
(\$000s)**

	Aug-23	YTD Aug-23
Cash Flows from Operating Activities:		
Change in Net Assets	\$ 90	\$ 683
Adjustments to Reconcile Change in Net Assets to Net Cash (used in) provided by Operating Activities		
Depreciation	-	2
Changes in Operating Assets and Liabilities:		
Accounts Receivable	23	544
Prepaid Expenses	(3)	191
Supplies Inventory	(6)	(28)
Accounts Payable and Accrued Expenses	(168)	(166)
Accrued Vacation and Sick Payable	-	23
Net Cash (Used in) Provided by Operating Activities	(65)	1,249
Cash Flows from Investing Activities:		
(Purchases) of Furniture and Equipment	-	(27)
(Purchases) Sales of Certificates of Deposit, net	-	-
Net Cash (Used in) Provided by Investing Activities	-	(27)
Net Cash (Used in) Provided by Financing Activities	-	-
Net (Decrease) Increase in Cash and Cash Equivalents	(65)	1,222
Cash and Cash Equivalents - Beginning of Period	10,126	8,839
Cash and Cash Equivalents - End of Period	\$ 10,061	\$ 10,061

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

**INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION******--***7594****Net Asset / Fund Balance at Beginning of Year****7,074,931****Revenue**

Contributions

Program service revenue

8,695,698

Investment income

764

Capital gain / loss

Fundraising / Gaming:

Gross revenue

Direct expenses

Net income

Other income

160,599**Total revenue****8,857,061****Expenses**

Program services

Management and general

Fundraising

Total expenses**7,562,328****Excess / (deficit)****1,294,733**

Changes

134,198**Net Asset / Fund Balance at End of Year****8,503,862****Reconciliation of Revenue**Total revenue per financial statements **8,991,259**

Less:

Unrealized gains

Donated services

134,198

Recoveries

Other

Plus:

Investment expenses

Other

Total revenue per return**8,857,061****Reconciliation of Expenses**Total expenses per financial statements **7,560,829**

Less:

Donated services

Prior year adjustments

Losses

Other

Plus:

Investment expenses

Other

Total expenses per return**1,499****7,562,328****Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>9,636,485</u>	<u>9,534,737</u>	
Liabilities	<u>2,561,554</u>	<u>1,030,875</u>	
Net assets	<u>7,074,931</u>	<u>8,503,862</u>	<u>1,428,931</u>

Miscellaneous Information

Amended return

Return / extended due date **11/15/22**

Failure to file penalty

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filer

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

◆ **Do not send to the IRS. Keep for your records.**
◆ **Go to www.irs.gov/Form8879TE for the latest information.****2021****INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION**

EIN or SSN

****-***7594**Name and title of officer or person subject to tax **EDWIN FERRIS
SECRETARY TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	8,857,061
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **THE HENRY LEVY GROUP** to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date " **11/15/22****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature " **ANTHONY BARR**Date " **11/15/22****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAAForm **8879-TE** (2021)

Form **990** **Return of Organization Exempt From Income Tax** OMB No. 1545-0047
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Department of the Treasury Internal Revenue Service **2021** Open to Public Inspection
 ♦ Do not enter social security numbers on this form as it may be made public.
 ♦ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **INTERNATIONAL LONGSHORE AND WAREHOUSE UNION**
 Doing business as **UNION**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1188 FRANKLIN STREET, 4TH FLOOR
 City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO CA 94109

D Employer identification number
****-***7594**

E Telephone number
415-775-0533

G Gross receipts **8,857,061**

F Name and address of principal officer:
EDWIN FERRIS
1188 FRANKLIN STREET, 4TH FLOOR
SAN FRANCISCO CA 94109

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list. See instructions.

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (5) ♦ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website **N/A**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ♦

L Year of formation **1934** **M** State of legal domicile **CA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE ORAZINATION'S PRIMARY FUNCTION IS TO UNIONIZE WORKERS. THE DEPARTMENT MAINTAINS FIVE AREA OFFICES STAFFED TO ORGANIZE AND TO RENDER ASSISTANCE TO 49 AREA LOCALS WHEN CALLED UPON TO DO SO.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3** **4**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4** **4**

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) **6** **31**

6 Total number of volunteers (estimate if necessary) **6** **0**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0**

b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	8,209,489	8,695,698
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,393	764
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,364	160,599
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,250,246	8,857,061
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,697	35,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,679,542	4,407,240
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ♦ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,527,896	3,120,088
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,218,135	7,562,328
19 Revenue less expenses. Subtract line 18 from line 12	1,032,111	1,294,733
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,636,485	9,534,737
21 Total liabilities (Part X, line 26)	2,561,554	1,030,875
22 Net assets or fund balances. Subtract line 21 from line 20	7,074,931	8,503,862

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer **EDWIN FERRIS** Date _____
 Type or print name and title **SECRETARY TREASURER**

Paid Preparer Use Only Print/Type preparer's name **ANTHONY BARR** Preparer's signature **ANTHONY BARR** Date **11/15/22** Check ☐ if self-employed PTIN *********
 Firm's name **" THE HENRY LEVY GROUP** Firm's EIN **"**-***4056**
 Firm's address **" 5940 COLLEGE AVE STE A**
OAKLAND, CA 94618 Phone no. **510-652-1000**

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.
 DAA

Form **990** (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE ORANIZATION'S PRIMARY FUNCTION IS TO UNIONIZE WORKERS. THE DEPARTMENT MAINTAINS FIVE AREA OFFICES STAFFED TO ORGANIZE AND TO RENDER ASSISTANCE TO 49 AREA LOCALS WHEN CALLED UPON TO DO SO.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

DISPATCHER - THE DISPATCHER IS THE OFFICIAL NEWSPAPER OF THE ILWU. IT IS PUBLISHED MONTHLY AND MAILED DIRECTLY TO APPROXIMATELY 37,500 MEMBERS OF THE UNION AND OTHER SUBSCRIBERS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

RESEARCH AND EDUCATION - THE RESEARCH DEPARTMENT PROVIDES A VARIETY OF SERVICES IN SUPPORT OF A WIDE SPECTRUM OF UNION ACTIVITIES INCLUDING, BUT NOT LIMITED TO, CONTRACT NEGOTIATIONS AND ENFORCEMENT, TRADE UNION TRAINING AND EDUCATION, LEGISLATIVE ANALYSES, AND INTERNAL UNION ADMINISTRATION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

PUBLIC RELATIONS - PUBLICATION AND DISTRIBUTION OF HAWAII NEWSPAPER TO APPROXIMATELY 19,000 HAWAII MEMBERS, MAINTENANCE OF MEMBERSHIPS IN AND/OR CONTRIBUTIONS TO LOCAL AND NATIONAL ORGANIZATIONS THAT SUPPORT ILWU POSITIONS. SUPPORT FOR COMMUNITY ENDEAVORS IN AREAS WITH ILWU REPRESENTATIVES AND OF INTEREST TO ILWU MEMBERS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ◆

Form 990 (2021) **INTERNATIONAL LONGSHORE AND**
Part IV Checklist of Required Schedules****--***7594**Page **3**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

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Form **990** (2021)

Form 990 (2021) **INTERNATIONAL LONGSHORE AND**
Part IV Checklist of Required Schedules (continued)

-*7594

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	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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Form **990** (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	31
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ♦ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a 4	
b Enter the number of voting members included on line 1a, above, who are independent	1b 4	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 X	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **REBECCA CONTRERAS**
1188 FRANKLIN STREET
SAN FRANCISCO CA 94109 415-775-0533

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM ADAMS	35.00									
PRESIDENT	0.00	X		X				215,657	103,575	0
(2) EDWIN FERRIS	35.00									
SECRETARY TREASURER	0.00	X		X				213,811	93,258	0
(3) ROBERT OLVERA JR	35.00									
VICE PRESIDENT	0.00	X		X				200,192	94,592	0
(4) RUSSELL BARGMANN	35.00									
RESEARCH DIRECTOR	0.00				X			189,542	0	0
(5) ROY SAN FILIPPO	35.00									
DISPATCHER EDITOR	0.00					X		149,902	0	0
(6) REBECCA CONTRERAS	35.00									
ACCOUNTING MANAGER	0.00					X		142,837	0	0
(7) RYAN DOWLING	0.00									
ORGANIZING DIRECTOR	0.00					X		140,699	0	0
(8) ALEXANDRA JURCZAK	35.00									
OFFICE MANAGER	0.00					X		130,861	0	0
(9) BRANDON WOLF	35.00									
INTERNATIONAL ORGANI	0.00					X		128,756	0	0
(10) PAUL "SAM" KREUTZ	35.00									
VICE PRESIDENT	0.00	X		X				41,844	15,369	0
(11) MYKA DUBAY	1.00									
EXECUTIVE BOARD	0.00	X						900	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MELVIN MACKAY	1.00									
EXECUTIVE BOARD	0.00	X						400	0	0
(13) ROB ASHTON	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(14) RAY BENAVENTE	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(15) SIERRA DELGADO	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(16) RADFORD DEMOTTA	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(17) DONNA DOMINGO	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(18) JOHN FAGEAUX	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(19) SEAN FARLEY	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
1b Subtotal								1,555,401	306,794	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,555,401	306,794	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LEONARD CARDER LLP SAN FRANCISCO CA 94109	1188 FRANKLIN ST., SUITE 201 LEGAL	327,389
NORTHWEST TECHNOLOGIES LLC SAN FRANCISCO CA 94111	22 BATTERY STREET, SUITE 516 TECHNOLOGY	221,830
SPOTLIGHT PROMOTIONS RANCHO MIRAGE CA 92270	PO BOX 1366 OFFICE	158,593
ELECTION BUDDY, INC. EDMONTON CA	SUITE 217, 8008 104 STREET TECHNOLOGY	105,850

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

Form 990 (2021) **INTERNATIONAL LONGSHORE AND****** - ***7594**Page **9****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
	Program Service Revenue	2a UNION DUES	Business Code 511110		8,675,706	8,675,706	
b DISPATCHER SUBSCRIPTIONS		Business Code 561300		19,992	19,992		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				8,695,698			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			764		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			11,909	11,909		
	6a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a PENSION ADJUSTMENT	Business Code		94,162	94,162		
	b MISCELLANEOUS			54,027			54,027
	c BOOK AND VIDEO INCOME			501	501		
	d All other revenue						
	e Total. Add lines 11a-11d			148,690			
	12 Total revenue. See instructions			8,857,061	8,802,270	0	54,791

Form **990** (2021)

DAA

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,000			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,000			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,003,045			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,900			
7	Other salaries and wages	1,391,152			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	559,999			
9	Other employee benefits	1,241,824			
10	Payroll taxes	207,320			
11	Fees for services (nonemployees):				
a	Management				
b	Legal	296,255			
c	Accounting	115,647			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	222,853			
12	Advertising and promotion	45,766			
13	Office expenses	228,687			
14	Information technology	158,408			
15	Royalties				
16	Occupancy	411,857			
17	Travel	397,470			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	628,508			
20	Interest	81,571			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,440			
23	Insurance	86,943			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	TELEPHONE	139,028			
b	DISPATCHER PRODUCTION	136,150			
c	MEETING EXPENSES	53,842			
d	ORGANIZING EXPENSES	37,879			
e	All other expenses	77,784			
25	Total functional expenses. Add lines 1 through 24e	7,562,328	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

DAA

Form **990** (2021)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	7,652,613	1	7,379,435
	2 Savings and temporary cash investments	517,023	2	517,785
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,150,928	4	1,315,184
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	7,501	7	48,733
	8 Inventories for sale or use	105,296	8	103,322
	9 Prepaid expenses and deferred charges	192,287	9	160,881
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 412,909		
	b Less: accumulated depreciation	10b 403,512	10c	9,397
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,636,485	16	9,534,737	
Liabilities	17 Accounts payable and accrued expenses	326,455	17	89,854
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,235,099	25	941,021
	26 Total liabilities. Add lines 17 through 25	2,561,554	26	1,030,875
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,074,931	27	8,503,862
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,074,931	32	8,503,862
33 Total liabilities and net assets/fund balances	9,636,485	33	9,534,737	

Form **990** (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,857,061
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,562,328
3	Revenue less expenses. Subtract line 2 from line 1	3	1,294,733
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,074,931
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	134,198
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,503,862

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) MATT FINDLEY	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(21) JASON FORD	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(22) LUISA GRATZ	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(23) JESSE GROOM	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(24) DAX KOHO	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(25) KEVIN MARTZ	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(26) DEAN MCGRATH	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(27) DAN MCKISSON	0.00									
EXECUTIVE BOARD	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) JOSE A. NÚÑEZ	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(29) D KEHAU OYAMONT-MAEHA	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(30) MICHAEL PODUE	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(31) LOURDES R. RIVERA	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(32) RICARDO DE LA TORRE, SR.	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
(33) JAY UBELHART	1.00									
EXECUTIVE BOARD	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ♦

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ♦

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

◆ Attach to Form 990.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

**INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION**

Employer identification number

****-***7594**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ◆

4 Number of states where property subject to conservation easement is located ◆

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ◆ \$

(ii) Assets included in Form 990, Part X ◆ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ◆ \$

b Assets included in Form 990, Part X ◆ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

DAA

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		358,781	351,427	7,354
e Other		54,128	52,085	2,043
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,397

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	◆	

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	◆	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	◆

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LITIGATION CONTINGENCY	704,245
(3) ACCRUED VACATION	230,012
(4) DUE TO HAWAII ILWU - ADMINISTRATION	6,142
(5) DISASTER RELIEF FUNDS	622
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	◆ 941,021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,991,259
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	134,198
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	134,198
3	Subtract line 2e from line 1	3	8,857,061
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,857,061

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	7,560,829
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,560,829
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,499
c	Add lines 4a and 4b	4c	1,499
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,562,328

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

BOOK/TAX DEPRECIATION \$ **1,499**

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

◆ Attach to Form 990.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

**INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION**

Employer identification number

****-***7594****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

DAA

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) RS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				WORKER SUPPORT	10,000				FMV
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

◆ Attach to Form 990.

◆ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

**INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION**

Employer identification number

****-***7594**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ILWU LOCAL 6 99 HEGENBERGER RD. OAKLAND CA 94621		501C5	10,000		CASH		UNION SUPPORT
(2)	GLOBAL HEALTH PARTNERS 39 BROADWAY, SUITE 1540 NEW YORK NY 10006		501C3	10,000		CASH		PROGRAM SUPPORT
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

◆ 1

3 Enter total number of other organizations listed in the line 1 table

◆ 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2021)

DAA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

◆ Attach to Form 990.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

**INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION**

Employer identification number

****-***7594****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

DAA

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INTERNATIONAL LONGSHORE AND

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and 1099-MISC and 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM ADAMS PRESIDENT	(i) 215,657 (ii) 103,575	0	0	0	0	215,657	0
2 EDWIN FERRIS SECRETARY TREASURER	(i) 213,811 (ii) 93,258	0	0	0	0	213,811	0
3 ROBERT OLIVERA JR VICE PRESIDENT	(i) 200,192 (ii) 94,592	0	0	0	0	200,192	0
4 RUSSELL BARGMANN RESEARCH DIRECTOR	(i) 189,542 (ii) 0	0	0	0	0	189,542	0
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

Schedule J (Form 990) 2021

INTERNATIONAL LONGSHORE AND

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

◆ Attach to Form 990 or Form 990-EZ.

◆ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

**INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION**

Employer identification number

****-***7594**

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
THE MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BODY.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED
EDWIN FERRIS

1188 FRANKLIN STREET, 4TH FLOOR
SAN FRANCISCO, CA 94109

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 WAS PROVIDED TO ORGANIZING BODY TO REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
ILWU HAS A COMPENSATION POLICY FOR TOP MANAGEMENT OFFICIAL COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
ILWU HAS AN OFFICER/KEY EMPLOYEE COMPENSATION PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS AND POLICIES AS WELL AS ALL FILINGS ARE AVAILABLE
BY REQUEST.

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2021**Open to Public
Inspection**

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
◆ Attach to Form 990.

◆ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION

Employer identification number

-*7594

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	INTERNATIONAL LONGSHORE & WAREHOUSE 1188 FRANKLIN ST SAN FRANCISCO CA 94109 **-***9881	POLITICAL	CA	527	N/A		X
(2)	PACIFIC LONGSHOREMEN'S MEMORIAL ASS 1188 FRANKLIN ST SAN FRANCISCO CA 94109 **-***3639	RENTAL	CA	501C2	N/A		X
(3)	COAST LONGSHORE DIVISION 1188 FRANKLIN ST SAN FRANCISCO CA 94109 **-***0134	UNION	CA	501C5	N/A		X
(4)							
(5)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

DAA

***7594

Schedule R (Form 990) 2021 INTERNATIONAL LONGSHORE AND

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PACIFIC LONGSHOREMEN'S MEMORIAL ASS	K	139,950	
(2)	PACIFIC LONGSHOREMEN'S MEMORIAL ASS	L	220,681	
(3)	COAST LONGSHORE DIVISION	L	26,143	
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**
Provide additional information

Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)
◆ Attach to your tax return.

◆ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172
2021
Attachment Sequence No. **179**

**INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION**

Identifying number
****-***7594**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	1,440
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 30-year			30 yrs.	MM	S/L
d 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,440
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2 Form 4562 (2021)

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	Furniture and Equipment	1/01/06	358,781				358,781	5 HY S/L	351,427	0
2	Furniture and Equipment	3/16/13	12,815		X		6,407	7 HY 200DB	12,815	0
3	Furniture and Equipment	7/01/14	18,141		X		9,070	7 HY 200DB	17,736	405
4	Furniture & Equipment	7/01/16	12,135		X		6,067	7 HY 200DB	10,781	542
5	Furniture & Equipment	7/01/17	11,037		X		5,518	7 HY 200DB	9,313	493
			<u>412,909</u>				<u>385,843</u>		<u>402,072</u>	<u>1,440</u>
Grand Totals			412,909				385,843		402,072	1,440
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>412,909</u>				<u>385,843</u>		<u>402,072</u>	<u>1,440</u>

CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Prior MACRS:								
1	Furniture and Equipment	1/01/06	358,781	358,781	351,427	0	0	0
2	Furniture and Equipment	3/16/13	12,815	12,815	12,815	0	0	0
3	Furniture and Equipment	7/01/14	18,141	18,141	17,331	810	405	-405
4	Furniture & Equipment	7/01/16	12,135	12,135	9,427	1,083	542	-541
5	Furniture & Equipment	7/01/17	11,037	11,037	7,589	985	493	-492
			<u>412,909</u>	<u>412,909</u>	<u>398,589</u>	<u>2,878</u>	<u>1,440</u>	<u>-1,438</u>
Grand Totals			412,909	412,909	398,589	2,878	1,440	-1,438
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>412,909</u>	<u>412,909</u>	<u>398,589</u>	<u>2,878</u>	<u>1,440</u>	<u>-1,438</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	Furniture and Equipment	1/01/06	358,781				358,781	5 HY S/L	351,427	0
2	Furniture and Equipment	3/16/13	12,815		X		6,407	7 HY 200DB	12,815	0
3	Furniture and Equipment	7/01/14	18,141		X		9,070	7 HY 200DB	17,736	405
4	Furniture & Equipment	7/01/16	12,135		X		6,067	7 HY 200DB	10,781	542
5	Furniture & Equipment	7/01/17	11,037		X		5,518	7 HY 200DB	9,313	493
			<u>412,909</u>				<u>385,843</u>		<u>402,072</u>	<u>1,440</u>
Grand Totals			412,909				385,843		402,072	1,440
Less: Dispositions and Transfers			0				0		0	0
Net Grand Totals			<u>412,909</u>				<u>385,843</u>		<u>402,072</u>	<u>1,440</u>

Bonus Depreciation Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
2	Furniture and Equipment	3/16/13	12,815		0	0	6,408	6,407
3	Furniture and Equipment	7/01/14	18,141		0	0	9,071	9,070
4	Furniture & Equipment	7/01/16	12,135		0	0	6,068	6,067
5	Furniture & Equipment	7/01/17	11,037		0	0	5,519	5,518
Grand Total			<u>54,128</u>		<u>0</u>	<u>0</u>	<u>27,066</u>	<u>27,062</u>

Depreciation Adjustment Report

FYE: 12/31/2021

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
Page 1	1	1	Furniture and Equipment	0	0	0
Page 1	1	2	Furniture and Equipment	0	0	0
Page 1	1	3	Furniture and Equipment	405	405	0
Page 1	1	4	Furniture & Equipment	542	542	0
Page 1	1	5	Furniture & Equipment	493	493	0
				<u>1,440</u>	<u>1,440</u>	<u>0</u>

Future Depreciation Report**FYE: 12/31/22**

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Furniture and Equipment	1/01/06	358,781	0	0
2	Furniture and Equipment	3/16/13	12,815	0	0
3	Furniture and Equipment	7/01/14	18,141	0	0
4	Furniture & Equipment	7/01/16	12,135	541	541
5	Furniture & Equipment	7/01/17	11,037	492	492
			<u>412,909</u>	<u>1,033</u>	<u>1,033</u>
Grand Totals			<u>412,909</u>	<u>1,033</u>	<u>1,033</u>

CA Future Depreciation Report**FYE: 12/31/22**

FYE: 12/31/2021

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
<u>Prior MACRS:</u>				
1	Furniture and Equipment	1/01/06	358,781	0
2	Furniture and Equipment	3/16/13	12,815	0
3	Furniture and Equipment	7/01/14	18,141	0
4	Furniture & Equipment	7/01/16	12,135	1,083
5	Furniture & Equipment	7/01/17	11,037	985
			<u>412,909</u>	<u>2,068</u>
Grand Totals			<u>412,909</u>	<u>2,068</u>

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning , ending		

Name

**INTERNATIONAL LONGSHORE AND
WAREHOUSE UNION**

Taxpayer Identification Number

****-***7594**

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1.		
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.	8,209,489	8,695,698
	5. Investment income	5.	4,393	764
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.	36,364	160,599
	12. Total revenue. Add lines 1 through 11	12.	8,250,246	8,857,061
Expenses	13. Grants and similar amounts paid	13.	10,697	35,000
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.	1,343,347	1,003,045
	16. Salaries, other compensation, and employee benefits	16.	3,336,195	3,404,195
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.	958,494	634,755
	19. Occupancy, rent, utilities, and maintenance	19.	521,755	411,857
	20. Depreciation and Depletion	20.	2,325	1,440
	21. Other expenses	21.	1,045,322	2,072,036
	22. Total expenses. Add lines 13 through 21	22.	7,218,135	7,562,328
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	1,032,111	1,294,733
Other Information	24. Total exempt revenue	24.	8,250,246	8,857,061
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26.	8,250,246	8,857,061
	27. Total assets	27.	9,636,485	9,534,737
	28. Total liabilities	28.	2,561,554	1,030,875
	29. Retained earnings	29.	7,074,931	8,503,862
	30. Number of voting members of governing body	30.	25	4
	31. Number of independent voting members of governing body	31.	21	4
	32. Number of employees	32.	35	31
	33. Number of volunteers	33.		

Form 990		Tax Return History					2021	2022
Name		INTERNATIONAL LONGSHORE AND WAREHOUSE UNION					Employer Identification Number **-***7594	
	2017	2018	2019	2020	2021	2022		
Contributions, gifts, grants								
Membership dues								
Program service revenue	7,762,937	8,065,099	8,525,650	8,209,489	8,695,698			
Capital gain or loss								
Investment income	803	3,551	7,400	4,393	764			
Fundraising revenue (income/loss)								
Gaming revenue (income/loss)								
Other revenue	38,884	97,334	13,615	36,364	160,599			
Total revenue	7,802,624	8,165,984	8,546,665	8,250,246	8,857,061			
Grants and similar amounts paid	15,000	5,000	40,000	10,697	35,000			
Benefits paid to or for members								
Compensation of officers, etc.	848,205	1,001,783	1,470,747	1,343,347	1,003,045			
Other compensation	4,953,105	3,664,519	3,273,639	3,336,195	3,404,195			
Professional fees	914,101	557,301	1,075,873	958,494	634,755			
Occupancy costs	400,517	419,497	404,290	521,755	411,857			
Depreciation and depletion	9,499	3,794	3,106	2,325	1,440			
Other expenses	2,006,646	2,502,689	2,738,554	1,045,322	2,072,036			
Total expenses	9,147,073	8,154,583	9,006,209	7,218,135	7,562,328			
Excess or (Deficit)	-1,344,449	11,401	-459,544	1,032,111	1,294,733			
Total exempt revenue	7,802,624	8,165,984	8,546,665	8,250,246	8,857,061			
Total unrelated revenue								
Total excludable revenue	7,802,624	8,165,984	8,546,665	8,250,246	8,857,061			
Total Assets	8,164,004	8,098,901	8,403,773	9,636,485	9,534,737			
Total Liabilities	2,074,711	1,864,931	2,495,151	2,561,554	1,030,875			
Net Fund Balances	6,089,293	6,233,970	5,908,622	7,074,931	8,503,862			

ILWU International Longshore and
-*7594
FYE: 12/31/2021

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 764			1		
TOTAL	<u>\$ 764</u>					

Federal Statements

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 91,714	\$ 91,714	\$	\$
OTHER	184	184		
COMPUTER CONSULTING	130,955	130,955		
TOTAL	\$ 222,853	\$ 222,853	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
VOICE SUBSIDY	\$ 27,588	\$ 27,588	\$	\$
CORPORATE RESEARCH	15,896	15,896		
EXECUTIVE BOARD EXPENSES	9,652	9,652		
INTL. SOLIDARITY FUND EXP	6,508	6,508		
MERCHANT FEES	3,711	3,711		
PENALTIES	3,242	3,242		
MISCELLANEOUS	3,162	3,162		
AFFILIATION EXPENSE	3,059	3,059		
EDUCATION	2,772	2,772		
MOVING EXPENSES	1,897	1,897		
CAMPAIGN RESEARCH	247	247		
BOOK PURCHASE	50	50		
TOTAL	\$ 77,784	\$ 77,784	\$ 0	\$ 0